

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		9-16-00
O.I.P.E. CLASSIFIER	W		9-23-00
FORMALITY REVIEW	SA	5C 583	10/25/00
RESPONSE FORMALITY REVIEW	SS	377	04-18-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	1	
2	✓	2	
3	✓	3	
4	✓	4	
5	✓	5	
6	✓	6	
7	✓	7	
8	✓	8	
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10	✓	10	
11	✓	11	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

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